



Stormwater BMP Owner Inspection Form
Native Vegetation
City of Columbia, Missouri

Address: _____

Owner: _____

Legal: _____

Date: _____ E-mail: _____ Phone: (____) ____ - _____

I. GENERAL INSPECTION RESULTS					
Item	Inspection Results				BMP's in General
1	<input type="checkbox"/>	Apparent problems	<input type="checkbox"/>	No problems	BMP does not appear to be well maintained.
2	<input type="checkbox"/>	Design flaws	<input type="checkbox"/>	No flaws	BMP observed to have significant design flaws which lessen its effectiveness.
3	<input type="checkbox"/>	Unauthorized modifications	<input type="checkbox"/>	No modifications	BMP has unauthorized modifications that reduce its effectiveness.
4	<input type="checkbox"/>	BMP removed	<input type="checkbox"/>	BMP present	BMP has been destroyed or removed from property.
5	<input type="checkbox"/>	Trash	<input type="checkbox"/>	No Trash	Trash and debris has accumulated on/in BMP. Yard waste in BMP.
6	<input type="checkbox"/>	Contaminated	<input type="checkbox"/>	Uncontaminated	Evidence of Oil, gasoline. Contaminants or other pollutants.
7	<input type="checkbox"/>	Smells	<input type="checkbox"/>	Doesn't smell	Unpleasant odors from the BMP.
II. BMP SPECIFIC INSPECTION RESULTS – NATIVE VEGETATION					
Item	Inspection Results				BMP : Native Vegetation
1	<input type="checkbox"/>	Does not correspond	<input type="checkbox"/>	Corresponds	Current plantings correspond to plants in the planting plan for the BMP.



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1. Is maintenance needed at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are mosquitoes or mosquito larvae present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Maintenance items needed/completed: _____ _____ _____		
Return completed form by either of the following: <ul style="list-style-type: none">Email – stormwaterbmp@como.gov (<i>preferred method</i>)Mail – City of Columbia Stormwater Utility, P.O. Box 6015, Columbia, MO 65205-6015 For questions, call (573) 441-5530.		

Inspected by: _____

Signature

[Print Full Name]

FOR CITY USE ONLY - DO NOT FILL

Date received : _____ Received By: _____

Comments/Corrective actions required: